



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF OCCUPATIONAL THERAPY

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FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

VERIFICATION OF OCCUPATIONAL THERAPY ASSISTANT SUPERVISION

An Occupational Therapist (OT) is permitted to supervise up to three Occupational Therapist Assistants (OTA's) but never more than two OTA's who are under direct supervision at the same time. This form documents the OTA's under an OT's supervision. The OT must submit this form to the Board whenever an OTA enters or leaves the OT's supervision.

INFORMATION ABOUT SUPERVISING OT

1. Name: _____
2. Delaware License No: _____
3. Business Address: _____
4. Phone Number: _____ 5. Email: _____

INFORMATION ABOUT OTA'S SUPERVISED

6. Check reason for this report:
☐ This is my first report of OTA's whom I supervise. (Check if you are newly licensed in Delaware.) Skip to Question 8.
☐ I am reporting a change in the OTA's that I supervise. Continue with Question 7.
7. Enter the following information about the OTA who has entered or left your supervision:
Name: _____ License No: _____
Entered ☐ Left ☐ Date: _____
8. Enter the following information about *all* full-time and part-time OTAs whom you supervise. (You may use additional sheets if necessary.)

NAME	LICENSE NO	STATE

9. I certify that, at any given time, I supervise no more than three OTA's and never more than two OTA's who are under my direct supervision at the same time. Yes ☐ No ☐

I certify that the information that I have provided about the OTA's whom I supervise is true.

Signature of Occupational Therapist: _____ **Date:** _____